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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 10 /7/1540 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) **8MALL ENTITY** OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIO FEE RATE (\$) FEE (\$) RATE (\$) FEE (\$) (87 OFR 1.18(a), (b), or (c)) SEARCH FEE (87 OFR 1.16(4), (f), or (m)) EXAMINATION FEE (\$1,0FR 1,16(0), (p), or (q)) TOTAL CLAIMS (37 OFR 1.16(1)) minus 20 = INDEPENDENT CLAIMS # OR (97 OFR 1.16(h)) minus 8 = x = If the specification and drawings exceed 100 x streets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (87 OFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.16(I)) \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column:2) OTHER THAN (Column 3) OR SMALL ENTITY CLAIMS REMAINING AFTER SMALL ENTITY HIGHES' NUMBER PRESENT RATE (\$) ADDI-PREVIOUSLY RATE (\$) ADD1-EXTRA MENDMENT MENDMENT PAID FOR TIONAL FEE (\$) Total profit 1.160) Minus FEE (\$) × 25 = Independent (D7 OFR 1.15R-II) OR Minus ×100 = × 2000= OR Application Size Fee (37 CFR 1,16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.18(J))

٠		(Column 1)		(Column 2)	(Column 3)	
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 OFR 1.10())		Minus	44 .	•	
2	Independent (IT OFR 1.1694)		Minus	***	8	
ş	Application Size Fee (37 CFR 1.16(e))					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.160))					

TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
x =		OR	X =	
Х =		OR	х =	
<b> </b>				
		OR		
TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	

OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the underling gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.